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# CLINICAL PERSPECTIVES IN LACTATION

## Lactation Professionals Respond to Recent Statement by AAP Task Force on SIDS

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### Special points of interest:

- Ideas to consider when developing a breastfeeding task force or coalition
- Information on assessing breastmilk intake

Well-publicized AAP Task Force recommendations regarding pacifier use and bed-sharing were made in November 2005 with the goal of reducing the risk of SIDS. These recommendations have been a source of controversy among breastfeeding advocates. (Journal of Human Lactation, '06). The International Lactation Consultant Association (ILCA) recognizes that much of the controversy regarding the new recommendations results from "inconsistency in research findings related to breastfeeding and pacifier use, bed-sharing/co-sleeping and SIDS." (ILCA, '05).

Breastfeeding related research is often difficult to interpret due to lack of a clear definition of breastfeeding. Research about bed-sharing/co-sleeping also often shares the lack of precise definitions, in this case of the sleep environment. "Put simply, the recommendations encourage the use of pacifiers and discourage the practice of bed-sharing." (JHL, '06). Lactation professionals from the Academy of

Breastfeeding Medicine, La Leche League International, International Lactation Consultant Association, and other organizations have called for additional research regarding the potential impact of the AAP's statement on breastfeeding duration and exclusivity.

Until any further refinements come from the Task Force, practice guidelines for breastfeeding consultants may include ways to best support breastfeeding families who choose to adhere to the current recommendations:

- ▶ Continue to promote placing infants on their back to sleep
- ▶ Encourage use of a bassinet or crib for the baby in the same room where parents sleep for the first year
- ▶ Actively discourage use of a pacifier in the first four weeks
- ▶ If parents choose to introduce a pacifier after the first four weeks, discuss the AAP recommendations not to replace the pacifier if the baby releases it when

asleep, or to try to force a reluctant baby to accept a pacifier

### For information on the topic:

AAP Task Force on Sudden Infant Death Syndrome. Pediatrics November 2005; 116 (5): 1245-1255

American Academy of Pediatrics Task Force on SIDS, Statement on SIDS Reduction: Friend or Foe of Breastfeeding. Journal of Human Lactation, February 2006; 22(1):7-10

Academy of Breastfeeding Medicine: <http://www.breastfeedingtaskforce.org/SIDS/AAP-SIDS-ABM-response.htm>

La Leche League International: LLLI Responds to AAP Policy Statement on Sudden Infant Death Syndrome: <http://www.lalecheleague.org/Release/sids.html>

ILCA Responds to Policy Statement by AAP Task Force on SIDS: <http://www.ilca.org>

## Overview of US Breastfeeding Committee's Conference for State Breastfeeding Coalitions, Alexandria, VA, January 2006

By Brenda Bandy, Area Professional Liaison, KLLL

The room was packed with over 200 people and I didn't know a soul. I had just traveled 1,500 miles..the first time away from my family and I was more than a little nervous! Then the speaker, Audrey Naylor, began introducing the members of the United States Breastfeeding Committee (USBC) and I felt right at home. These were the women whose names were on all my breastfeeding books: Linda Smith, Amy Spangler, Dr. Ruth Lawrence and others. I was among friends!

La Leche League International is a member of the USBC which is a collaborative partnership of organizations. I never knew there were so many people, outside of La Leche League International, that felt so strongly about the importance of breastfeeding. I became a quick study of the governmental agencies alphabet soup: Women, Infant and Children (WIC), Maternal Child Health Bureau (MCHB), Centers for Disease Control and Prevention (CDC), etc.

The purpose of the meeting was to gather state breastfeeding coalitions from around the country to share their successes and generate new ideas for protecting, promoting and supporting breastfeeding. Each state received funding for two people to attend plus the State Breastfeeding Coordinator from WIC. Kansas La Leche League was fortunate to be one of the two funded representatives from our state. It was inspiring to hear the impact breastfeeding coalitions have had in their communities

through a variety of projects. State coalitions have Web sites where you can find publications, pamphlets, book marks, posters, brochures and of course the ideas they have all worked so hard on. This is a wealth of resources to draw upon and most are free.

For most of the conference, Dr. Thomas Wolf led us in a discussion of coalition building. Whether you are currently involved in a breastfeeding coalition or task force or want to start one, here are the main ideas to consider:

- *Who do you invite?* People become volunteers because someone they know asked them to. Who do you know that could benefit from collaborating with others interested in promoting breastfeeding? What would they get out of coming to such a meeting? Consider informal groups such as parenting play groups, politicians, fathers and grandparents. The more formal groups can be outside of the government agencies we normally think of and include businesses, universities and other volunteer organizations with similar goals (March of Dimes, United Way, foundations, etc.).

- *What is your purpose in meeting?* Is it networking or coordination of activities, cooperation in sharing resources or collaboration, enhancing each member's capacity to help mothers and babies? Dr. Wolf challenged us to go beyond net-

working, as this form of sharing does not change the culture where breastfeeding is not the norm. The highest form of working together is collaboration where coalition members share resources and help each other to do a better job of what they are already doing.

- *How do you sustain a coalition?* Allow for conflict. Allow new members to contribute to the planning and not simply be "workers." Create accountability – a built-in follow-up on what members said they were going to do at the beginning of the meeting. Have an agenda so members can see what they are going to accomplish.

- *How do you secure funding?* There are many agencies whose goals could be met with increased breastfeeding rates, whether it is obesity prevention, diabetes, cancer, etc. Breastfeeding has been shown to have an impact on numerous health issues. By showing the relationship between other groups' concerns and ours, we are more likely to receive support from nontraditional sources. Be creative and don't be afraid to ask!

At this conference, I got a glimpse of the large effort put forth by many individuals, organizations and agencies to promote, protect and support breastfeeding. La Leche League International is an important part of this growing movement. The cultural changes we strive for are possible, when we work together.



*"Alone we can do so little; together we can do so much."*

*Helen Keller*

## INDICATORS OF EFFECTIVE BREASTFEEDING AND ESTIMATES OF BREASTMILK INTAKE

Abstracted By Mary Washburn, RD/LD, CBE, Kansas Department of Health & Environment/NWS

One of the most challenging things for both family members and professionals to judge about breastfeeding is how much milk the breastfeeding infant is taking. If the infant is weighed and measured before and after a feeding, the amount of milk consumed can be approximated. Routine weighing of infants before and after each breastfeeding is both time-consuming and requires special equipment.

In the past decade, nurses and lactation consultants have developed several breastfeeding assessment tools. Dr. Riordan points out in her article in the *Journal of Human Lactation* that these assessment tools use different indicators. The article suggests that an assessment tool that reliably measures approximate milk intake without having to weigh the infant before and after each feeding is clearly needed.

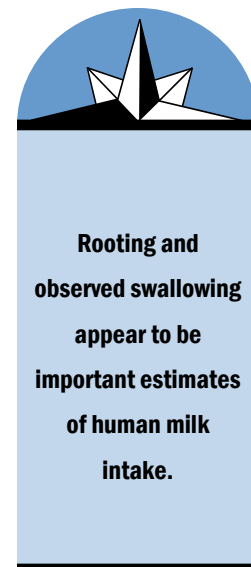
This study assessed infant breastfeeding behavior of rooting, length of time to latch-on, adequacy of latch-on, observed swallowing, audible swallowing and suckle. Rooting and observed swallowing appeared to be important estimates of human milk intake in the early postpartum period. After 96 hours, only audible swal-

lowing surfaced as a significant indicator as to the amount of breastmilk the baby consumed at any one feeding.

Even with the small sample, the results appear logical. Since rooting, time to latch on, and suckling must occur prior to swallowing, it is reasonable to conclude that swallowing reflects breastmilk intake. Rooting is a reflex that triggers the baby to open his mouth wide in order to grasp the nipple. Rooting is prominent during the early neonatal period and gradually fades. Rooting signals the beginning stage of the feed cycle that leads to swallowing; thus, the finding that rooting (along with swallowing) reflects milk intake during the first few days is not surprising.

In conclusion, it is recommended that mother/baby dyads with the absence of these indicators be followed closely. It is also recommended that others use the results of this study to develop a valid and reliable breastfeeding assessment tool

Riordan, J, K Gill-Hopple, & J Angeron. (2005) Indicators of Effective Breastfeeding and Estimates of Breast Milk Intake. *J Hum Lact*, 21 (4): 406-412.



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